



1. Source Number: \_\_\_\_\_ 2. Reporting period: (calendar year): \_\_\_\_\_

3. Company information:

Legal Name:	Other Company Name (if different than legal name):
Mailing Address:	Site Address (if different than mailing address):
City, State, Zip Code:	City, County, Zip Code:

4. Site Contact Person:

Name:	Telephone number:
Title:	E-mail

5. Total amount of asphalt produced in Oregon during the calendar year: \_\_\_\_\_ (tons)

6. Asphalt produced by location:

Location	Annual (tons/yr)

7. Was recycled asphalt product (RAP) used during the calendar year (yes/no) \_\_\_\_\_  
If yes, what was the highest percentage used? \_\_\_\_\_



8. Fuel usage by location:

Location	Fuel type*	Asphalt Plant	Electric Generator
		Annual	Annual

\*Also specify whether the fuel usage is reported as 1000 gallons, million cubic feet, or therms.

9. If production for the plant exceeded the amounts listed in Condition 14.0, calculate the pollutant emissions for each 12- month period and report the total emissions for each pollutant according to Condition 5.0:

12-Month Period	PM	PM <sub>10</sub>	PM <sub>2.5</sub>	SO <sub>2</sub>	NO <sub>x</sub>	CO	VOC
February 1 to January 31							
March 1 to February 28 or 29							
April 1 to March 31							
May 1 to April 30							
June 1 to May 31							
July 1 to June 30							
August 1 to July 31							
September 1 to August 31							
October 1 to September 30							
November 1 to October 31							
December 1 to November 30							
January 1 to December 31							



10. Hours of operation of the hot-mix plant per month:

Jan.	Feb.	March	April	May	June

July	Aug.	Sep.	Oct.	Nov.	Dec.

11. Date(s) tuning occurred according to Condition 3.4 (day/month/year): \_\_\_\_\_

12. For plants with a baghouse control device, provide date(s) all dye testing occurred:

Attach a summary of results from each dye test performed.

13. For portable plants powered by a generator, provide a statement describing compliance with the generator limitation of Condition 2.10:

14. Records of all planned and unplanned excess emissions: (If necessary, attach a separate page or write the information on the back of this form.)

Date	Time	Duration (hours)	Description of excess emissions	Corrective action

15. List any air quality/nuisance complaints received within the last calendar year? How were the complaints addressed? (If necessary, attach a separate page or write the information on the back of this form.)

Date	Time	Complaint	Response

16. List permanent changes made in plant process, production levels, and pollution control equipment that affected air contaminant emissions



17. List major maintenance performed on pollution control equipment\*

18. By signing below, I hereby certify that I have personally examined and am familiar with the information submitted in this report and that the information contained in this report is true, accurate and complete to the best of my knowledge and belief.

Name of official (Printed or Typed):	Title of official and phone number:
Signature of official:	Date:

**SUBMISSION INSTRUCTIONS:**

Email this completed form to the Environmental Coordinator at [permitting@lrapa-or.gov](mailto:permitting@lrapa-or.gov)

Lane Regional Air Protection Agency  
 1010 Main Street  
 Springfield, OR 97477  
 (541) 736-1056

*\*If necessary, attach a separate page or write the information on the back of this form.*